

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37220

1. PLACE OF DEATH

County De Kalb Registration District No. 262
Township De Kalb Primary Registration District No. 4161
City Union Star (No. _____) St. _____ Ward _____

2. FULL NAME

William Edgar Kirby
(a) Residence, No. Union Star, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED
WIDOWED OF Dollie A. Kirley
(OR) ~~WIFE OF~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 1879
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
57 7 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation. 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Union Star Missouri

FATHER
13. NAME Christopher Columbus Kirby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockcastle County Kentucky

MOTHER
15. MAIDEN NAME Barbara Jane Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Union Star, Mo. Mrs. Dollie A. Kirley

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Oct. 13 1936

19. UNDERTAKER (ADDRESS) Lucile M. Wilson King City, Mo.

20. FILED 10/12 1936 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11 1936

22. I HEREBY CERTIFY That I attended deceased from October 7 1936 to October 11 1936
I last saw him alive on October 11 1936. Death is said to have occurred on the date stated above, at 11:00 P. M.
The principal cause of death and related causes of importance were as follows:

Epilepsy Date of onset 1915
Other contributory causes of importance: 5

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Father G. Rockwell D. M. D.
(Signed) _____ (Address) Union Star, Mo.

